

Date:	Last Name	First Name	AHCCCS ID#:	Age:
Primary Care Provider Name and Office Phone Number			Contractor:	DOB:
Accompanied by:			Allergies:	
Birth Wt:	Weight:	Percentile:	Length:	Percentile:
Head Circ:		Percentile:		

HISTORY:

Temp: _____
Pulse: _____
Resp: _____

Parental Comments/Concerns:
Dental Screen: Brushing Teeth (minimal toothpaste)? _____ Education re: white spots on teeth given? Yes _____ No _____

Nutritional Screen: Breast Feeding: _____ Formula (type): _____ Supplements: _____ Solids: _____

Developmental Screen: Age Appropriate? (e.g., pulls to stand, may say "mama/dada", crawls/creeps) Yes _____ No _____

If suspicious, specific objective testing performed _____

Behavioral Screen: Age appropriate? (parental interview) Yes _____ No _____
PHYSICAL EXAM

Are the following normal?	Yes	No	Describe abnormal findings:	LABS ORDERED:
1. Skin/Hair/Nails				Hgb/Hct Yes _____ No _____ (Required if not done previously)
2. Ear/Hearing				
3. Eyes/Vision (red reflex)				
4. Mouth/Throat/Teeth				
5. Nose/Head/Neck				SCREENINGS: Verbal Lead Risk Assessment Yes _____ No _____ (Perform at 9 mo of age)
6. Heart				
7. Lungs				
8. Abdomen				
9. Genitourinary				ADDITIONAL LABS: Specify:
10. Extremities				
11. Spine (scoliosis)				
12. Neurological				

ASSESSMENT & PLAN:

IMMUNIZATIONS:	Pt. needs immunizations?	Yes _____	No _____	Delayed? _____	Deferred? _____
Given today?	Hep B _____	DTaP _____	Hib _____	IPV _____	PCV _____
		Influenza _____	Other _____		

ANTICIPATORY GUIDANCE

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ▪ Injury prevention ▪ Drowning prevention ▪ Mobility safety ▪ Emergency/911 | <ul style="list-style-type: none"> ▪ Car seat ▪ Passive smoke ▪ Finger foods/Self feeding ▪ Wean from bottle/cup use | <ul style="list-style-type: none"> ▪ Postpartum adjustment ▪ Parenting practices ▪ Family involvement ▪ Interaction with parents ▪ Next appt./transportation needed? |
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REFERRALS: CRS _____ WIC _____ DDD _____ ALTCS _____ Specialty _____ Other _____

Clinician Name (print):	Clinician Signature:	Yes _____ No _____ See Additional/Supervisory Note?
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